



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

**Testimony of Victoria Veltri
State Healthcare Advocate
Before the Program Review and Investigation Committee
In support of HB 6517
March 7, 2013**

Good afternoon, Senator Kissel, Representative Mushinsky, Senator Fonfara, Representative Carpino, and members of the Program Review and Investigations Committee. For the record, I am Vicki Veltri, State Healthcare Advocate with the Office Healthcare Advocate ("OHA"). OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare; educating consumers about their rights and responsibilities under health insurance plans; and, informing you of problems consumers are facing in accessing care and proposing solutions to those problems.

I strongly support the Committee's common sense recommendations in HB 6517. Currently, CID receives a significant amount of utilization review data from insurers, and by directing CID to more thoroughly assess statistically significant differences among carriers in this data, trends indicating non-compliance with applicable law may be identified and addressed early and appropriate remedies imposed.

In addition, the additional requirement that CID promulgate and disclose a uniform methodology for assessing insurer compliance with state and federal parity laws enhances its mission to oversee and regulate the industry in a fair and efficient manner. This increase in the transparency and inclusiveness of CID's regulatory oversight of health insurers, coupled with the requirement that consumers and stakeholders have an opportunity to comment on concerns about insurer practices, improves CID's ability to carry out its mission in a more equitable, inclusive and comprehensive manner.

The recommendation that CID explore with HHS opportunities to decrease the complexity for consumers filing external appeals represents a simple, common sense measure. The current requirement that consumers provide a final internal adverse determination letter as well as a copy of their insurance identification card is unnecessarily duplicative. The basis for this requirement is to verify enrollment and to provide the independent reviewer with the specific rationale used in the final adverse determination. However, the insurer provides the entire file to the reviewer as a part of the process, including either the letter or insurance card would be adequate confirmation of enrollment.

Finally, requiring CID to enhance notice on the webpage about OHA's availability and mission increases consumer access to assistance. Many consumers who logically go to the CID website with questions concerning their health insurance and adverse determinations may not know about OHA or what its role is. By identifying this access point for consumers and targeting a concise message, they can easily and efficiently receive practical notice of all resources available to them.

Thank you for providing me the opportunity to deliver OHA's testimony today. If you have any questions concerning my testimony, please feel free to contact me at victoria.veltri@ct.gov.